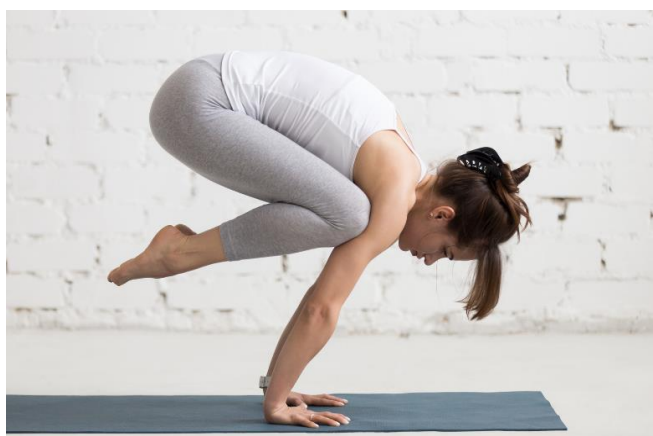


OVERVIEW & SUMMARY

EMPLOYEE BENEFITS

2022





Ashley Hull

Account Manager

Calls & Texts: (424)371-6628

Office: (866)541-4824 ext. 223

Fax: (866)377-2016

ashley@maniaciinsurance.com



Scan for vCard

Your Benefits Advocate

We have engaged Maniaci Insurance to provide our employees with year-round support for all things related to our benefits program. Contact our dedicated Benefits Advocate to get the most from your insurance plans.

Call, Text or Email for Assistance

Office Hours: Mon - Fri, 8AM - 5PM PT

Don't know where to turn?

They'll lead the way

Find the right providers

Locate the right treatment facilities

Get appropriate approvals for covered services

Confused by health insurance?

They'll simplify things

Provide plan details and costs

Address eligibility and enrollment questions

Address coverage for services and treatments

Overwhelmed by medical bills?

They'll go to bat for you

Uncover mistakes and investigate coverage denials

Submit and process claims on your behalf

Get estimates and negotiate payment arrangements

Benefits At A Glance

Your benefits are an important part of your overall compensation. We are pleased to offer a comprehensive array of quality benefits to protect your health, your family and your way of life. This enrollment guide was designed to answer some of the basic questions you may have about your benefits. Please read it carefully along with any supplemental materials you receive. If there is a discrepancy between the summaries and the written legal plan documents, the plan documents shall prevail. If you have any questions, please contact Vanessa Godinez at (310)318-0230 or vgodinez@hermosabch.org.

MEDICAL (01/01/22 – 12/31/22)

- Blue Shield Trio HMO Zero Admit 20*
- Blue Shield Access+ HMO SaveNet (Tailored) Zero Admit 20*
- Blue Shield Access+ HMO (Full) Zero Admit 20*
- Blue Shield Full PPO Combined Ded 35-500 80/60

DENTAL (01/01/22 – 12/31/22)

- California Dental Network HMO Advantage 75*
- Principal Dental PPO/POS

VISION (01/01/22 – 12/31/22)

- MES Vision

**Only available to residents of California*

***Based upon Employee's Memorandum of Understanding (MOU)*

LIFE & AD&D (01/01/22 – 12/31/22)

- Guardian Life & AD&D**

SHORT-TERM DISABILITY (01/01/22 – 12/31/22)

- Guardian Short-Term Disability**

LONG-TERM DISABILITY (01/01/22 – 12/31/22)

- Guardian Long-Term Disability**

ADDITIONAL BENEFITS

- Aflac Supplement Insurance
- Employee Assistance Program
- Employee Discount & Rewards Program
- Prescription Drug Discount Program

Eligibility

You are eligible for benefits if you are a full-time employee. You may also enroll your eligible family members under certain plans you choose for yourself. Eligible family members include legally married spouse, domestic partner and children up to age 26.

When Coverage Begins

For new employees, coverage is effective on the first of the month following date of hire. If you fail to enroll on time, you will NOT have benefits coverage. Changes made during our annual Open Enrollment period are effective on January 1st.

Choose Carefully!

The choices you make during your initial eligibility period and annual Open Enrollment period are generally effective for the entire plan year. You may not make changes, or add or remove dependents, until the next annual Open Enrollment period unless you have a "qualifying event." Examples of a qualifying event include marriage or divorce, birth or adoption, and change in eligibility status. To make a change, you MUST contact HR within 31 days of the event.

How To Enroll

To enroll, visit www.employeenavigator.com and follow the detailed instructions on pages 17-19 of this guide.

Blue Shield of California Medical HMO Plans

We offer medical and prescription drug benefits through Blue Shield of California. With an HMO plan, you select a Primary Care Physician (PCP) from the participating network of providers who will coordinate your healthcare needs including referrals to specialists and approving further medical treatment. Services received outside of the HMO network are not covered, except in the case of emergency medical care. The chart below provides a high-level overview of your medical plan options.

Features	Trio HMO Zero Admit 20	Access+ HMO SaveNet (Tailored) Zero Admit 20	Access+ HMO (Full) Zero Admit 20
Preventative Care	No Charge	No Charge	No Charge
Physician Visit	\$20	\$20	\$20
Specialist Visit	\$20	\$20	\$20
Lab / X-Ray	No Charge	No Charge	No Charge
Urgent Care	\$20	\$20	\$20
Emergency Room	\$100	\$100	\$100
Outpatient Surgery • Ambulatory Surgery Center • Hospital	No Charge No Charge	No Charge No Charge	No Charge No Charge
Inpatient Hospital	No Charge	No Charge	No Charge
Prescription Drugs • Annual Rx Deductible • Generic • Preferred • Non-Preferred	None \$10 \$15 N/A	None \$10 \$15 N/A	None \$10 \$15 N/A
Annual Deductible • Individual • Family	None None	None None	None None
Out-of-Pocket Maximum • Individual • Family	\$1,500 \$3,000	\$1,500 \$3,000	\$1,500 \$3,000

Coinsurance percentages and copay amounts shown represent what the member is responsible for paying.

To see a list of providers, visit www.blueshieldca.com/fad.



Make the Most of Your Benefits

Download the Blue Shield of California mobile app to keep track of your health and benefits

Seek care from in-network professionals only

Take advantage of the 90-day prescription mail-order program

Blue Shield of California Medical PPO Plan

We offer medical PPO coverage through Blue Shield of California. PPO plans give you the freedom to seek care from the provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the Blue Shield of California network. The chart below provides a high-level overview of your medical plan option.

Features	Full PPO Combined Deductible 35-500 80/60
Preventative Care	No Charge
Physician Visit	\$35
Specialist Visit	\$35
Lab / X-Ray	\$35*
Urgent Care	\$35
Emergency Room	\$150 + 20%
Outpatient Surgery <ul style="list-style-type: none">Ambulatory Surgery CenterHospital	10%* 25%*
Inpatient Hospital	20%*
Prescription Drugs <ul style="list-style-type: none">Annual Rx DeductibleGenericPreferredNon-Preferred	None \$10 \$30 \$50
Annual Deductible <ul style="list-style-type: none">IndividualFamily	\$500 \$1,500
Out-of-Pocket Maximum <ul style="list-style-type: none">IndividualFamily	\$4,000 \$8,000

Benefits illustrated above reflect in-network services only. For a list of non-network services, refer to the plan documents.

Coinsurance percentages and copay amounts shown represent what the member is responsible for paying.

Benefits with an asterisk () require that the deductible be met before the plan begins to pay.

To see a list of providers, visit www.blueshieldca.com/fad.



Make the Most of Your Benefits

Use in-network providers

Utilize your preventative services
(vaccinations, screenings, etc.)

Know and understand your costs up front

Preventative Care Services

Get the most out of your coverage by taking advantage of preventative care coverage. Your first step in a healthier direction starts with prevention. Good prevention starts early and continues throughout your entire life. Even if you feel fine, going to the doctor for health tests and checkups is part of living a healthy life. Health screenings check for problems early, before you feel signs of sickness. Finding problems early often gives you more care choices with better results.

With your medical plan, preventative care services are covered at no cost, even before you meet the plan's deductible.

Below is a partial list of preventative care services:

- Routine physical exam
- Well baby and childcare
- Immunizations
- Bone density tests
- Cholesterol screenings
- Mammograms
- Pap smears/pelvic exams
- Prostate test
- Lab procedures
- Screenings for HIV, HPV and domestic violence
- Breastfeeding supplies
- Contraceptive drugs, devices and sterilization
- Smoking cessation



California Dental Network (CDN) Dental HMO Plan

We offer dental benefits through California Dental Network (CDN). With a dental HMO plan, you choose a primary dental provider to manage your care. There are no charges for most preventative services, no claim forms and no deductibles. Reduced, pre-set charges apply to other services. The chart below provides a high-level overview of your dental plan option.

Features	HMO Advantage 75
Annual Deductible	None
Preventative Services (cleaning, x-rays)	\$0
Basic Services (fillings, oral surgery)	\$0 - \$120
Major Services (crowns, dentures)	\$90 - \$225
Annual Maximum	None
Waiting Period	None
Orthodontia	\$1,775/Children, \$1,975/Adults

Coinsurance percentages and copay amounts shown represent what the member is responsible for paying.

To view a list of providers, visit www.caldental.net.



Why Dental Insurance

Did you know that a routine dental examination can detect symptoms of more than 125 diseases, including heart disease, diabetes, anemia and kidney disease?

We understand how important your health and well-being are. Stay on track with a comprehensive dental plan.

Principal Dental POS Plan

We offer dental benefits through Principal. The Principal POS plan incorporates three benefit levels – EPO, PPO and non-network. While you can visit any dentist you wish, you receive greater savings through dentists who participate in the EPO and PPO networks. These networks provide EPO discounts up to 50% and PPO discounts up to 30% for procedures performed by participating dentists, directly reducing your out-of-pocket costs. The chart below provides a high-level overview of your dental plan option.

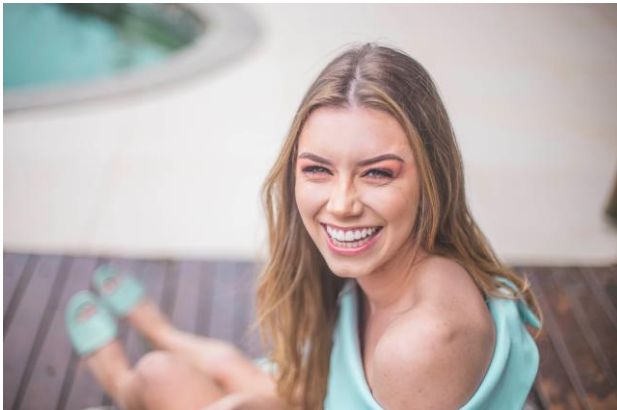
Features	Point of Service
	EPO Provider** / PPO Provider / Non-Network Provider
Annual Deductible	\$50/Member (3x for Family)
Preventative Services (cleaning, x-rays)	0% / 0% / 0%
Basic Services (fillings, oral surgery)	0%* / 0%* / 20%*
Major Services (crowns, dentures)	50%* / 50%* / 50%*
Annual Maximum	\$2,500/Member / \$2,000/Member / \$2,000/Member
Waiting Period	None
Orthodontia	50% (Up to a Lifetime Maximum of \$2,000)

Coinsurance percentages and copay amounts shown represent what the member is responsible for paying.

Benefits with an asterisk () require that the deductible be met before the plan begins to pay.

**EPO Network only available to California residents.

To view a list of providers, visit www.principal.com/find-dentist.



Make the Most of Your Benefits

Use in-network providers

Utilize your preventative services
(cleaning, x-rays, etc.)

Know and understand your costs up front

Principal – Understanding Dental POS Plan

Your dental coverage includes Point of Service, available in California. With Point of Service, the benefit received is determined at the time of services depending on the type of provider you visit for care.

Point of Service is a convenient way to cover dental expenses. A Point of Service design incorporates three benefits levels – Exclusive Provider Organization (EPO), Preferred Provider Organization (PPO) and non-network. You receive greater savings through dentists who participate in the EPO and PPO networks. These networks provide:

- EPO discounts up to 50% and PPO discounts up to 30% for procedures performed by participating dentists, directly reducing your out-of-pockets costs.
- More than 44,000 dentists locations throughout California.
- No need to sign up with a particular dentist or get approval before changing dentists or visiting a specialists. All EPO and PPO dentist locations are open to new patients.

Benefit Comparisons

These examples show typical savings when using participating providers.

BENEFIT COMPARISON FOR A COMPOSITE FILLING*					
You go to an EPO provider		You go to a PPO provider		You go to a non-network provider	
Fee based on EPO provider agreement	\$90	Fee based on PPO provider agreement	\$109	Normal Fee	\$215
90% Coinsurance	x .90	80% Coinsurance	x .80	80% Coinsurance	x .80
Coverage pays	\$81	Coverage pays	\$87	Coverage pays	\$172
You pay (10% Coinsurance)	\$9	You pay (20% Coinsurance)	\$22	You pay (20% Coinsurance)	\$43

*D2331 – Two surfaces, anterior tooth

In this example, visiting an EPO provider saves you 59% over a PPO provider and 79% over a non-network provider.

Finding Providers

Use the Provider Directory on www.principal.com to locate EPO and PPO dentists.

MES Vision Plan

We offer vision benefits through MES. This plan offers you the freedom and flexibility to use the vision provider of your choice. However, you will maximize your benefits and reduce your out-of-pocket costs if you choose a provider who participates in the MES network. The chart below provides a high-level overview of your vision plan option.

Features	MES Vision
Exam <ul style="list-style-type: none">CopayFrequency	\$0 Once Every 12 Months
Prescription Glasses Copay	\$0
Lenses <ul style="list-style-type: none">AllowanceFrequency	100% Covered Once Every 12 Months
Frames <ul style="list-style-type: none">AllowanceFrequency	Covered up to \$130* Once Every 24 Months
Contact Lenses** <ul style="list-style-type: none">CopayAllowanceFrequency	Covered up to \$130 Once Every 12 Months

Benefits illustrated above reflect in-network services only. For a list of non-network services, refer to the plan documents.

To view a list of providers, visit www.mesvision.com.

*Additional 20% off charges exceeding \$130 allowance.

**In lieu of lenses and frames.



Why Vision Insurance

Life is too good to squint through.
Keep your eyes healthy with our vision plan!

Regular eye exams are crucial to maintaining healthy vision and can often detect major medical problems in the early stages of development such as diabetes and high blood pressure.

Guardian Life & AD&D Plan

We provide employees with life and accidental death and dismemberment (AD&D) insurance through Guardian. The life insurance benefit is payable to the designated beneficiary upon the death of the insured. The AD&D insurance provides specified benefits for a covered accidental bodily injury that directly causes dismemberment (i.e., the loss of a hand, foot or eye). If death occurs from an accident, both benefits would be payable. The chart below provides a high-level overview of your life & AD&D plan option.

Features	Life & AD&D
Life Benefit	Based upon Employee's Memorandum of Understanding (MOU). For further details on this benefit, please contact Vanessa Godinez at (310)318-0230 or vgodinez@hermosabch.org or contact Maniaci Insurance Services.
AD&D Benefit	
Benefit Reduction	

Guardian Short-Term Disability / Long-Term Disability Plan

We provide employees with disability insurance through Guardian. If you become disabled and can't work, no benefit becomes more important to your financial security than disability income protection. As an eligible employee, you are automatically covered by this plan at no cost to you.

Features	Short-Term Disability / Long-Term Disability
Percentage of Income Replaced	Based upon Employee's Memorandum of Understanding (MOU). For further details on this benefit, please contact Vanessa Godinez at (310)318-0230 or vgodinez@hermosabch.org or contact Maniaci Insurance Services.
Maximum Benefit	
Benefit Duration	



Why a Disability Plan

Over 36 million Americans are classified as disabled. More than 50% of those disabled Americans are in their working years.

A disability plan provides income replacement if you experience a covered illness or injury. The coverage can help with everyday bills, such as mortgage or rent, that continue when you can't work – expenses that health insurance won't cover.



Scan the QR Code below to see the Aflac products offered

Aflac helps with expenses
health insurance doesn't cover,
so you can care about
everything else.*



Or, visit your benefits page at:
aflacenrollment.com/TheCityofHermosaBeach/w23232821102



*Benefits are paid directly to you, unless assigned otherwise. Network Dental and Vision products may be paid directly to the provider.

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Aflac is a registered trademark and the marketing brand of Aflac, Inc. and its insuring subsidiaries. Insurance products are offered by the subsidiaries of Aflac, Inc.

Except in New York, individual policies, group network dental and vision policies, and certain group life policies are issued by American Family Life Assurance Company of Columbus.

Except in New York, group policies (except network dental and vision policies and certain group life policies) are issued by Continental American Insurance Company (CAIC), a wholly-owned subsidiary of Aflac, Inc. CAIC is not licensed to solicit business in New York, Guam, Puerto Rico or the Virgin Islands. In California, CAIC does business as Continental American Life Insurance Company.

In New York, all group and individual policies are issued by American Family Life Assurance Company of New York.

Worldwide Headquarters | 1932 Wynnton Road | Columbus, GA 31999

Z2100860

Exp 8/22



City of Hermosa Beach Employee Assistance Program (EAP)

Our EAP provides unlimited face-to-face counseling sessions per household unit, per problem area, per year with local, licensed therapists.

1 – 5 Sessions: \$0.00 co-pay

6 + Sessions: \$10.00 co-pay

The EAP can be used for confidential assistance with problems involving:

- Marriage and Family
- Adolescent Behavior
- Substance Abuse
- Stress
- Depression
- Job-related issues
- Emotional Difficulties
- Legal & Financial
- Grief
- and much more...

Our EAP also offers...

- A toll-free, nationwide 800 number staffed by licensed therapists available to help you 24/7 in a crisis.
- A Free 30-minute phone consultation with a licensed attorney for each legal matter you encounter. You will also receive a 25% discount if you choose to retain the attorney after your consultation.
- Free phone consultation with a financial management expert.
- Unlimited access to a Legal and Financial Services website with information on thousands of legal issues, over 45 financial calculators, and access to 100% accurate state-specific forms.
- Free Will, End of Life, and Retirement Kits, as well as an Estate Planning Checklist.
- Prescription Drug Discount Card.
- Unlimited access to wellness articles, links, and other resources on Holman's Website.
- Unlimited community referrals for child care, elder care, chemical dependency groups and more...
- An enrollee will forfeit one session for any free sessions not kept except in cases where the contracted provider is notified at least twenty-four (24) hours in advance of the appointment that it will not be kept. For Co-pay sessions, an enrollee will be charged the applicable Co-pay or the sum of thirty-five (\$35.00) (whichever is greater) directly to the contracted provider for any appointment made with contracted provider and not kept, except in the case where the contracted provider is notified at least twenty-four (24) hours in advance of the appointment that it will not be kept.
- For additional Mental Health/Chemical dependency coverage – consult your medical insurance.
- Out-Of-Network Benefits – No Benefit (Employees are responsible for any services provided by an out-of-network provider or facility).
- **EXTRA BENEFITS:** LifeSolutions - Daily Living, Elder Care, Child Care, Adoption, College & Prenatal Services.

Employees are eligible for benefits on the 1st of the month following 30 days of employment. Dependents include the employee's lawful spouse, domestic partners, dependent children to age 26 and anyone living in the employee's household. Benefit renews annually on January 1st.

www.holmangroup.com

User Name: **holmangroup**

Password: **hb2285** (case sensitive)

**TO ARRANGE A CONFIDENTIAL APPOINTMENT CALL:
800-321-2843 or visit www.holmangroup.com**



The Holman Group
Managed Behavioral Health Care Services

An EAP counselor is available 24 hours a day, 7 days a week for emergency and urgent assistance. To schedule an appointment, receive a community referral, or for inquiries our office is open 7:30 am to 6:30 pm PST.

Employee Discount & Rewards Center

Welcome to our Employee Discount & Rewards Center!

We provide a discount and perk program. With our Discount Center you can save on a variety of brands you love and earn cash back on many of your purchases.

Discounts

Enjoy discounts, rewards, and perks on thousands of the brands you love in a variety of categories:

- Travel
- Entertainment
- Auto
- Restaurants
- Electronics
- Health and Wellness
- Apparel
- Beauty and Spa
- Local Deals
- Tickets
- Education
- Sports and Outdoors

Cash Back

In addition to discounts, you can earn cash back on a variety of your purchases.

- Simply find a deal with the Cash Back sign, redeem the offer and enjoy great savings plus cash back on that item and everything else you purchase from that store!



...and More!

Our Discount Center is constantly expanding to include more and more brands and deals. Stay updated by signing up for email notifications.



Signing Up is Easy!

1. Visit our website at:
<https://cityofhermosabeach.benefithub.com>
2. Enter Referral Code: J59XTB
3. Register and Enjoy!

Questions? Call 1-866-664-4621 or email customercare@benefithub.com

Clever RX Prescription Discount Program

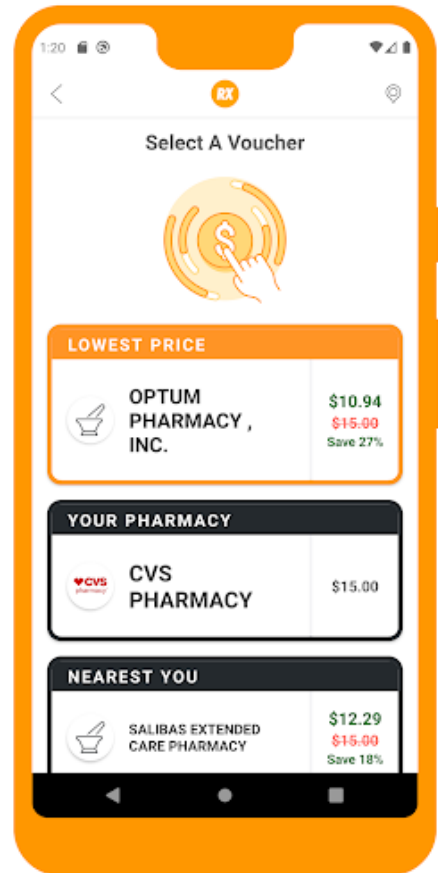
We offer a pharmacy discount program through Clever RX. With Clever RX, you can receive discounts on most brand name prescription drugs. Clever RX is accepted at over 80,000 exceptional pharmacies nationwide - including major chains like Walgreens, CVS, Kroger, Rite Aid, Safeway, Costco, Walmart, and more!

How it works

- Download your Clever RX card or app to unlock exclusive savings.
- Present your Clever RX savings card or app to your pharmacist.
- FREE to use. Save up to 80% off prescription drugs and beat copay prices.
- Share with family, friends or anyone who wants a lower price on their prescriptions.



C L E V E R **RX**



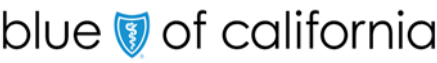
You can register online to access/print your Digital Pharmacy Savings Card or download the App using the QR code

www.cleverrx.com/hermosa

Group ID: 2123

Member ID: 1028





Access to licensed doctors 24/7 by phone or video

Get care when and where you need it through your Blue Shield health plan. As a Blue Shield member, you have access to Teladoc's national network of U.S. board-certified physicians, licensed in California. Whenever you need care, Teladoc doctors are available 24/7 by phone or video

Use Teladoc	Get the care you need	Meet the doctors
<ul style="list-style-type: none">• If you're considering the ER or urgent care center for a non-emergency• When on vacation, a business trip or away from home• For short-term prescription refills	<p>Teladoc doctors can treat many medical conditions, including:</p> <ul style="list-style-type: none">• Cold and flu symptoms• Allergies• Bronchitis• Urinary tract infection• Respiratory infection• Sinus problems• And more	<p>All Teladoc doctors:</p> <ul style="list-style-type: none">• Are practicing primary care physicians, pediatricians and family physicians• Have an average of 20 years of experience• Are board certified and licensed• Are credentialed every three years

Get Started with Teladoc

1. Set up account

Visit [Teladoc.com/bsc](https://teladoc.com/bsc), complete the required information and click on *Set up account*. You can also call Teladoc at **1-800-Teladoc** for help.

2. Provide medical history

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

3. Request a Consult

Once your account is set up, request a consult anytime you need care.

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Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

Online Enrollment Web Portal

We make enrollment easy and convenient through an online portal called Employee Navigator.

Why is enrollment online?

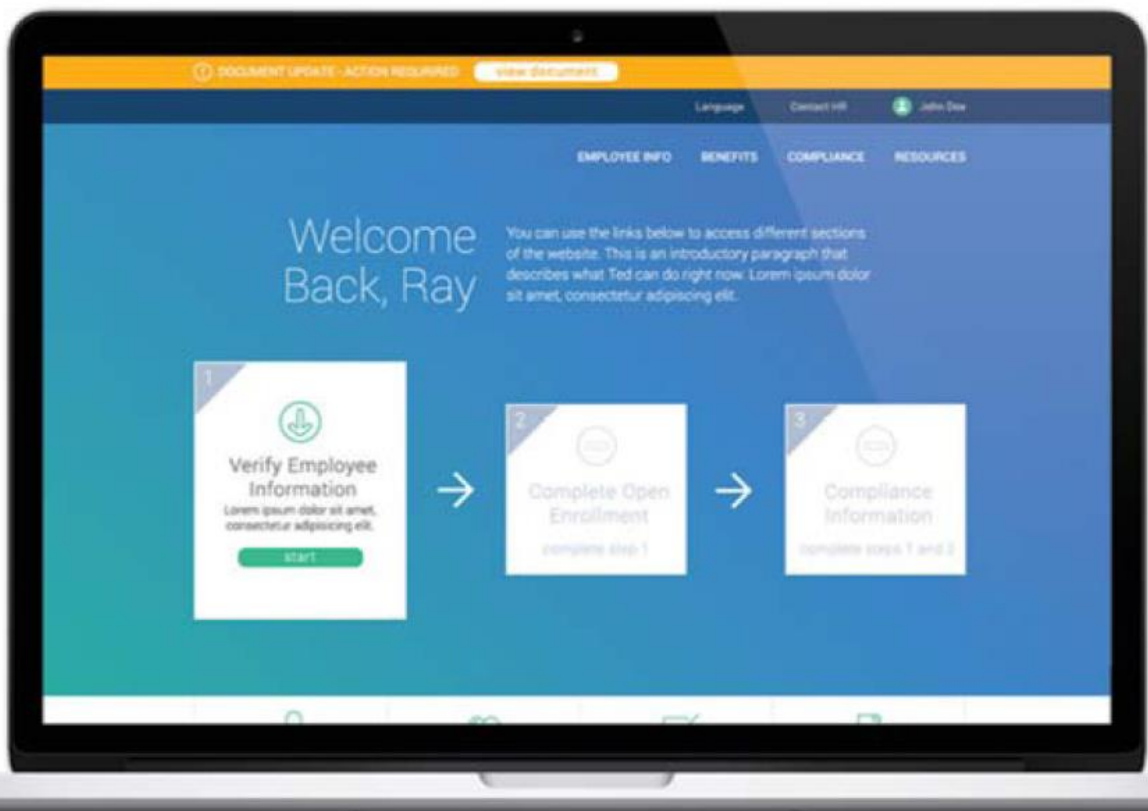
By utilizing an online portal to manage our benefits we can deliver critical information to employees when and where they need it most. The Employee Navigator portal gives employees instant access to critical benefits and company information, including:

- Coverage Information
- Costs
- Plan Documents
- Provider Directories
- Prescription Information
- Provider Resources
- Company Forms & Resources
- And more!

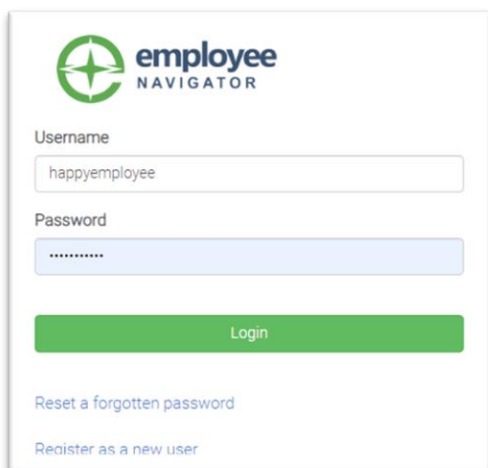
LOGIN OR REGISTER ONLINE AT:

www.employeeenavigator.com

Company Identifier: COHB



Enrollment Instructions



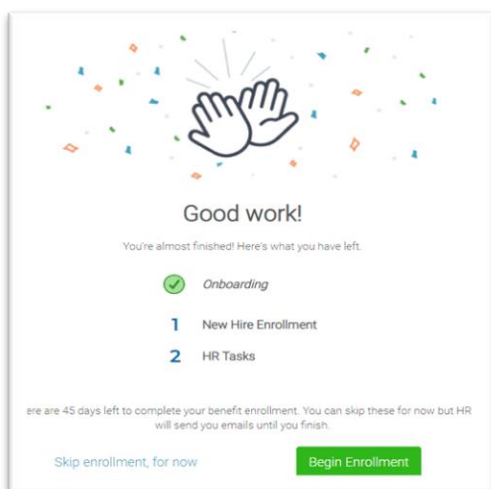
The login form for Employee Navigator. It features the company logo at the top left. Below it are two input fields: 'Username' with the placeholder 'happyemployee' and 'Password' with a masked password '*****'. A green 'Login' button is positioned below the password field. At the bottom, there are two links: 'Reset a forgotten password' and 'Register as a new user'.

Step 1: Log In

Go to www.employeenavigator.com and click **Login**

- **Returning Users:** Log in with the username and password you created.
Click **Reset a Forgotten Password** if you don't remember your password.
- **First Time Users:** Click on the Registration Link in the email sent to you by your HR administrator or **Register as a New User** by going to www.employeenavigator.com. Create an account and create your own username and password.

Use the Company Identifier: COHB



A celebratory onboarding screen with confetti and a clapping hands icon. It says 'Good work!' and 'You're almost finished! Here's what you have left.' A checklist shows 'Onboarding' as complete, followed by '1 New Hire Enrollment' and '2 HR Tasks'. A message states 'There are 45 days left to complete your benefit enrollment. You can skip these for now but HR will send you emails until you finish.' At the bottom are two buttons: 'Skip enrollment, for now' and 'Begin Enrollment'.

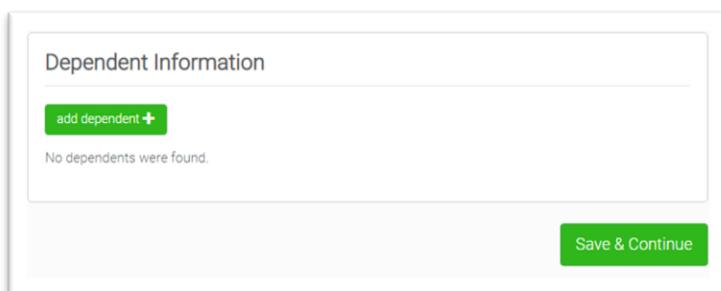
Step 2: Onboarding

(For First Time Users, if Applicable)

Complete any assigned onboarding tasks before enrolling in your benefits. Once you've completed your tasks, click **Begin Enrollment** to begin the enrollment process.

Step 3: Add Dependent Information

If you are interested in enrolling any of your eligible dependents on the plans, enter their information in the system.

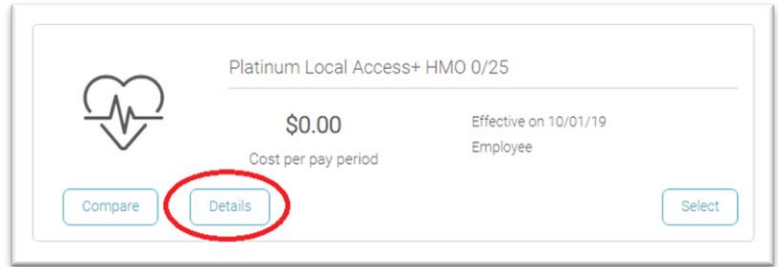


A form titled 'Dependent Information'. It contains a green button labeled 'add dependent +'. Below the button, it says 'No dependents were found.' At the bottom right is a green 'Save & Continue' button.

Enrollment Instructions

Step 4: Benefit Elections

To review plan details, click on the **Details** button next to the plan. Here you will find details about what the plan covers and additional resources, such as detailed plan summaries and provider directories.

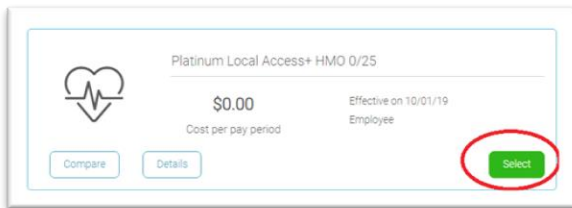


To enroll dependents in a benefit, simply click the checkbox next to the dependent's name under **Who am I Enrolling?**

To elect a benefit, click **Select Plan** next to the plan you wish to elect.

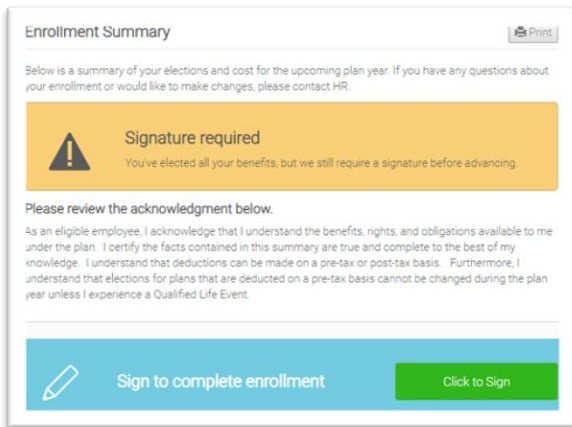
Click **Save & Continue** at the bottom of each screen to save your elections.

If you do not wish to enroll in the benefit, simply click **Don't Want This Benefit** at the bottom of the screen and select a reason from the drop-down menu.



Step 5: Forms

If you have elected benefits that require a beneficiary designation, Primary Care Physician, or completion of Evidence of Insurability form, you will be prompted to complete these forms.



Step 6: Review & Confirm Elections

Review the benefits you selected on the **Enrollment Summary** page to make sure they are correct then click **Sign & Agree** to complete your enrollment. You can either print a summary of your elections for your records or login at any point during the year to view your summary online.

TIP: If you miss a step, you'll see **Enrollment Not Complete** in the progress bar with the incomplete steps highlighted. Click on any incomplete steps to complete them.

Step 7: HR Tasks (if Applicable)

To complete any required HR tasks, click **Start Tasks**. If your HR department has not assigned you any tasks, you're finished!

